SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 5. Any false reporting may be referred to the Police for investigation.

 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving

- and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 11/01/2021 19:51 (SGT) Date of Accident 11/01/2021 13:57 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information SLIP RD TOWARDS NUH BEFORE JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGE2020U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TAY HUAT** NRIC No. SXXXX878H Email Address tayhuat1943@hotmail.com Mobile Phone No (Phone) +65-97882926 Alternative Phone No +65-97882926

VEHICLE PARTICULARS

Manufacturer Nissan Model Note Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5097818557-02 Cover Note Number

DRIVER

Name of Driver **TAY HUAT** NRIC No SXXXX878H Date Of Birth 29/05/1943 Occupation Indoor

Date Of Driving Pass 08/06/1965 Driving experience 55 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-97882926 Alt. Phone Number +65-97882926 Email Address tayhuat1943@hotmail.com Address **BLK 56 STRATHMORE AVENUE** Address complement Postcode 140056 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name WIFF Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SGH3806Y

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 SEAH POH HONG

 NRIC No
 SXXXX887E

Contact Number	(Phone) +65-93446943
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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7. By the bodgement of this report to the insurers, out hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

1. understand, acknowledge, agree and consent that:

(a) My Insurer, w ordshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal adatapersonal information is an interest of the processes of the proper such that the processes of the proper information to a film insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the housers laveyers lave years lave the most of the purpose(s) of:

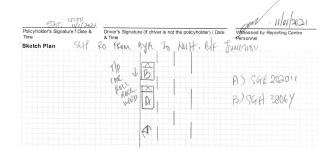
(i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

(ii) investigating the accident and/or my claims:

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(ii) restigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administring volams (culture) the realing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail peckages); and/or

packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all naures(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, mey/are permitted to collect,
use, disclose and/or process my Personal information for one or more of the above Purposes, and
(c) my Personal information may/cent be disclosed by any of the hasurers and/or Old to their third party service providers or agents
(including their law yers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.



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